Omni
Quality Living

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Omni Quality Living Continuous Quality Improvement Initiative Report 2026/27

Prepared in accordance with: *Fixing Long-Term Care Act, 2021* O. Reg. 246/22 – Section 168 Continuous Quality Improvement Initiative Requirements

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Omni Quality Living – Garden Terrace

Continuous Quality Improvement Initiative Report

2026/27

OVERVIEW

At Omni Quality Living, people remain the driving force behind our mission. Since 1975, we have been committed to delivering compassionate, high-quality care, and as we move into our 51st year, we continue to shape the future of long-term care in Ontario with innovation, integrity, and a deep sense of purpose.

Quality is embedded in our culture. Our **Quality Matters** program guides our approach, ensuring that every resident receives care that is safe, timely, effective, and personalized. This framework supports continuous improvement and reinforces our commitment to evidence-based practices, routine evaluation, and industry-leading standards.

We recognize our role in supporting a health system that is sustainable, equitable, and focused on long-term wellness. Our work aligns with Ontario's vision for a value-based universal health care system—one that prioritizes prevention, improves outcomes, reduces hallway medicine, and strengthens access to high-quality care for all Ontarians.

Our **2026/27 Quality Improvement Plan** reflects provincial annual priorities as well as corporate priorities identified across Omni Quality Living. It aligns with regional and provincial strategies and fulfills the requirements of the **Continuous Quality Improvement Initiative Report (CQIIR)** under section 168 of O. Reg. 246/22 of the *Fixing Long-Term Care Act, 2021*.

This plan also supports broader provincial goals: enhancing the health care experience through an integrated, resident-centered continuum of care, and collaborating with partners to build an accountable, high-performing system that reduces disparities and improves outcomes across diverse populations.

Access and Flow

Improving access and flow across Ontario's health system continues to be a shared responsibility, and long-term care plays a vital role in ensuring residents receive the right care in the right place. Omni Quality Living remains committed to strengthening system capacity and

supporting smoother transitions for residents, families, and partners across the continuum of care.

- **Timely and Responsive Admissions**
  All applications for admission are reviewed promptly and responded to in accordance with the *Fixing Long-Term Care Act*. We remain committed to ensuring that individuals waiting for long-term care receive timely decisions and clear communication.
- **Efficient Bed Management**
  Available beds are reported to Ontario Health at Home without delay, and admissions are scheduled as soon as possible to support flow across hospitals, community settings, and long-term care.
- **Expanding Capacity Through Redevelopment**
  We continue to redevelop existing homes, often adding new beds and licenses—and to build new homes in communities across Ontario. These investments support provincial efforts to increase long-term care capacity and reduce pressure on hospitals.
- **Nurse Practitioner–Led Outreach**
  Nurse Practitioner outreach remains a key strategy in enhancing on-site clinical support, reducing avoidable transfers, and improving resident outcomes.
- **Reducing Unnecessary Emergency Department Transfers**
  We continue to strengthen in-home clinical capabilities, early intervention strategies, and staff education to minimize avoidable transfers to emergency departments.
- **Enhanced On-Site Diagnostics**
  Partnerships with local health agencies enable more facility-based services such as X-ray, ultrasound, and laboratory testing—improving access to timely diagnostics and reducing the need for off-site appointments.
- **Improving Transitions Through Technology**
  We continue to advance our use of digital tools to support safe, accurate, and efficient communication with external health partners.
- **Strengthening Medication Reconciliation**
  Many of our homes have adopted the pharmacist-led “Boomer Process” for first-time admissions, ensuring accurate medication reconciliation and safer transitions into long-term care.

Technology

Strengthening digital connectivity across the health system remains essential to improving access, flow, and resident safety. Omni Quality Living continues to expand the use of technology to support accurate, timely, and coordinated transitions of care.

- **Maximizing PointClickCare**
  PointClickCare remains our core clinical information system. We continue to leverage its advanced capabilities, including analytics, dashboards, and real-time reporting—to

support early identification of risk, improved care planning, and stronger communication across the continuum of care.

- **HealthConnex Integration**
  HealthConnex supports secure, streamlined information exchange between long-term care and acute care partners. Expanded use of this platform reduces delays, improves accuracy of shared information, and supports more efficient transitions.
- **Optimizing CHRIS**
  CHRIS remains essential for communication with Ontario Health at Home and community partners. Consistent use supports timely referrals, accurate documentation, and smoother transitions for residents entering or leaving long-term care.
- **Driving Compliance Through CHeCS**
  CHeCS transforms regulatory complexity into operational clarity. This mobile-first, AI-enabled platform standardizes compliance workflows, reduces incident logging time, manages staff training and certifications, and supports adherence to the *Fixing Long-Term Care Act*. By reducing administrative burden, CHeCS enables staff to focus more time on resident care.
- **Advancing Interoperability Through Amplify**
  All Omni homes continue to use Amplify to support safer transitions by connecting clinical data systems between long-term care and acute care. This integration reduces the risk of medication discrepancies, treatment errors, and information gaps during transfers.

Together, these digital tools strengthen our ability to deliver safe, coordinated, and efficient care while supporting broader provincial goals for a more connected and higher-performing health system.

Resident and Family Experience

A positive resident and family experience is central to high-quality long-term care. It reflects every interaction resident and family have within our homes—from daily care and communication to access to information and involvement in decision-making.

At Omni Quality Living, the voices of residents and families guide our quality improvement efforts. We are committed to creating an environment where each person's preferences, needs, and values shape the care they receive.

Resident Experience Survey

We partner with **Metrics at Work**, an independent organization that administers and analyzes our annual Resident Experience Survey. This survey focuses on two key indicators:

- How well residents feel staff listen to them.
- Whether residents feel they can express their opinions without fear of consequences

Survey results provide valuable insight into the lived experience of residents and families. Findings are used to identify opportunities for improvement, guide action planning, and celebrate strengths. Results are shared openly to promote transparency and accountability.

Our goal remains clear: to ensure every resident experiences compassionate, respectful, and individualized care, supported by strong partnerships with families and caregivers.

Provider Experience

A strong provider experience is essential to delivering exceptional resident care. At Omni Quality Living, we are committed to being a workplace where people feel respected, supported, and inspired—across all roles, generations, and career stages.

- **Recruitment, Retention, and Workforce Development**
  We actively recruit and retain qualified candidates while investing in the next generation of long-term care professionals. Our corporate education coordinator strengthens partnerships with colleges and universities, coordinates student placements, and supports preceptorship opportunities.
- **Success Through PREP LTC**
  The PREP LTC initiative has strengthened our ability to support students and new graduates by enhancing preceptor training, improving onboarding, and building confidence among staff who take on mentorship roles. This has contributed to stronger multigenerational teams and a more supportive learning environment.
- **Commitment to Learning and Growth**
  We offer bursaries for continuing education, certifications, and skills training, recognizing that investing in our people strengthens both care quality and job satisfaction.
- **Creating a Supportive Workplace**
  A positive provider experience includes moments of connection, recognition, and joy. Our homes regularly host appreciation events, celebrations, and team-building activities. Every employee also receives a holiday gift card as a gesture of gratitude for their dedication.

Safety

Safety is the foundation of high-quality care. At Omni Quality Living, we view safety as a whole-person commitment that includes physical, emotional, psychological, and social well-being.

Whole-Person Safety

Our approach is grounded in a biopsychosocial understanding of health. We focus on:

- **Physical safety:** Strong IPAC practices, fall prevention, medication safety, and safe clinical procedures.
- **Emotional and psychological safety:** Trauma-informed approaches, respectful communication, and environments free from fear or intimidation
- **Social safety:** Supporting meaningful relationships, reducing isolation, and fostering belonging.

A Culture of Staff Safety

A safe home depends on a safe workplace. We support staff through:

- Clear protocols and training
- Access to tools and technology that reduce risk.
- A culture of open reporting and psychological safety
- Respectful, inclusive environments that promote teamwork.

Learning and Continuous Improvement

We encourage open reporting of incidents and near misses and use this information to guide improvements. Digital tools support consistent documentation, timely communication, and effective follow-up.

Partnering With Residents and Families

Residents and families play an essential role in safety. Their insights help identify risks, improve communication, and strengthen care planning.

Palliative Care

Palliative care at Omni Quality Living is grounded in dignity, comfort, and whole-person support. Our approach enhances quality of life for residents living with progressive, life-limiting illnesses while providing meaningful guidance to families.

Resident-Centered and Culturally Responsive Care

Care plans reflect each resident's physical, emotional, social, psychological, and spiritual needs. From admission, we complete additional assessments to support culturally appropriate advance care planning.

Support for Families

Families are essential partners. We provide education, emotional support, and practical guidance to help them navigate the palliative journey.

Holistic Comfort and Well-Being

Our teams focus on:

- Pain and symptom management
- Emotional and psychological support
- Social connection and belonging
- Spiritual care aligned with personal beliefs

Care in Place

Whenever possible, we provide palliative care within the home to reduce unnecessary hospital transfers and support comfort in familiar surroundings.

A Compassionate, Coordinated Experience

Our approach ensures personalized care, continuity, comprehensive support, and a focus on comfort, dignity, and peace.

Population Health

Long-term care plays a vital and often underrecognized role in improving population health. Omni Quality Living contributes to healthier communities by supporting older adults with complex needs, preventing avoidable hospital use, and promoting well-being across the continuum of care.

- **Supporting Aging Populations with Complex Needs**
  We provide stable, comprehensive, 24-hour care for individuals with chronic conditions, cognitive impairment, mobility challenges, and social vulnerabilities—reducing strain on hospitals and community services.
- **Promoting Wellness and Prevention**
  Our teams focus on early identification of health changes, chronic disease management, fall prevention, nutrition and hydration, and social engagement.
- **Reducing Health System Pressures**
  By providing high-quality care in place, we help reduce avoidable ED visits, unnecessary hospital admissions, ALC pressures, and harmful transitions.
- **Equity and Inclusion**
  We support residents from diverse cultural, linguistic, and socioeconomic backgrounds and ensure care is respectful, inclusive, and aligned with individual values.
- **Strong System Partnerships**
  We collaborate with hospitals, primary care, Ontario Health Teams, community agencies, and specialized services to support coordinated care and improved transitions.

- **Data-Informed Decision-Making**
  We use clinical data, quality indicators, and resident experience feedback to guide improvement and target interventions.
- **Enhancing Quality of Life**
  Population health is about living well. We prioritize meaningful engagement, purposeful activities, social connection, and emotional well-being.

Alignment With the Fixing Long-Term Care Act and CQIIR Requirements

Omni Quality Living's 2026/27 Quality Improvement Plan fully aligns with the *Fixing Long-Term Care Act, 2021* and the **Continuous Quality Improvement Initiative Report** requirements under O. Reg. 246/22.

1. Systematic Approach to Continuous Quality Improvement

Our plan uses a standardized, evidence-informed framework supported by:

- Clinical indicators
- Resident experience surveys
- Safety reports
- Staff feedback

2. Annual Priorities and Targets

- Aligns with provincial priorities
- Includes home-level and corporate-level indicators
- Uses data from PCC, HealthConnex, CHRIS, CHeCS, and surveys
- Sets realistic, evidence-based targets

3. Resident, Family, and Caregiver Engagement

- Use independent Resident Experience Surveys
- Incorporate Resident and Family Council feedback
- Share results and action plans publicly
- Embed resident voice in care planning and safety initiatives

4. Staff Engagement and Provider Experience

- Strengthen workforce development
- Support multigenerational teams
- Promote psychological safety and open reporting

- Encourage staff participation in QI activities

5. Monitoring, Reporting, and Evaluation

- Use real-time data systems
- Conduct audits and interdisciplinary reviews
- Track trends in safety and outcomes
- Report progress to leadership, residents, families, and the public

6. Integration With the Broader Health System

- Strengthen partnerships with hospitals, OHTs, and community agencies
- Use digital platforms to improve transitions
- Support system flow and reduce avoidable transfers
- Contribute to population health and equity

7. Commitment to Resident Safety

- Use a biopsychosocial approach
- Strengthen IPAC, emergency preparedness, and violence prevention
- Encourage open reporting
- Implement technology-enabled safety systems

8. Public Transparency

- Share QI priorities and results openly
- Maintain clear, accessible documentation
- Demonstrate accountability through visible action

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	16.00	15.00	Our home is committed to enhancing health care efficiency and delivering the highest standard of service, care, and outcomes for all residents.	NLOT Ottawa Hospital

Change Ideas

Change Idea #1 Home to continue at reducing ER visits for preventable visits

Methods	Process measures	Target for process measure	Comments
Assessment of residents by registered staff and charge nurse and liaise with Nurse Practitioner or Home Physician for in home investigation and treatment available in the home. 2- Discuss goals of care with families and treatment options available in the home utilizing outside ressource services and diagnostics services.	Compare number of visits from previous years.	2% reduction of ED visits compared to previous years.	Several respite short stay admissions at level 4 had to be assessed to ED. We have observed an increased in respite residents being admitted and unwell in 2025.

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	100.00	100.00	100% of staff have completed the training	

Change Ideas

Change Idea #1 Home to continue to complete in house training.

Methods	Process measures	Target for process measure	Comments
Education provided via Surge Learning platform.	% completion of training materials	100% completion by December 31, 2026 for the mandatory in-house training via Surge Learning platform.	

Change Idea #2 Increase psychological safety and ensure all employees have a trusted, accessible way to report EDI concerns or propose ideas.

Methods	Process measures	Target for process measure	Comments
CLRI training materials	Survey pre- education and survey post education. Videos to be presented in support of the education, policies and committee.	10 % increase in staff perception of fairness and belonging in the workplace.	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	O	% / LTC home residents	In house data, NHCAHPS survey / Most recent consecutive 12-month period	96.08	99.00	The core philosophy of resident centered care emphasizes the importance of actively listening to residents to ensure their needs, preferences and concerns are understood and addressed. It is our commitment as a home to ensure that every resident is heard and valued which will contributes to a high level of satisfaction.	

Change Ideas

Change Idea #1 Continue to ensure residents are participating in the development of care plans to have their voices heard.

Methods	Process measures	Target for process measure	Comments
Encourage residents to attend their Care Conference, Resident Council meetings. 1:1 "check- in" with residents	100% Residents or Families will complete the Resident Experience Survey.	Home to see a 1% improvement in the survey result 2026.	Total Surveys Initiated: 102

Change Idea #2 Mandatory Education Resident Bill of Rights is completed by all staff.

Methods	Process measures	Target for process measure	Comments
Education via Surge Learning platform	Resident Satisfaction survey	99% will express that staff are listening to their requests, needs and concerns.	

Change Idea #3 Continue to communicate "open door policy" for residents and families to address concerns.

Methods	Process measures	Target for process measure	Comments
Via meetings, encounters throughout the home. Reinforce communication at Resident's Council, Family Council, Care Conferences.	Resident Satisfaction Survey.	Home will see an increase of 1 % on the satisfaction compared to previous year 2025.	

Change Idea #4 Additional Education related to Person-Centered Language.

Methods	Process measures	Target for process measure	Comments
CLRI training materials	The Management Team and Front-Line staff will complete the training materials	70% staff will complete the training.	CLRI Person- Centered Language training initiated at the Management Level. Some managers have already completed the training.

Measure - Dimension: Patient-centred

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	93.04	100.00	A 100% target sets a high bar, motivating ongoing improvement and encouraging staff to continuously evaluate and enhance their communication practices.	

Change Ideas

Change Idea #1 Person- Centered Language education			
Methods	Process measures	Target for process measure	Comments
CLRI Education materials	Educational material will be completed by all staff.	70% staff will have completed the education material by December 31, 2026.	Total Surveys Initiated: 115

Change Idea #2 Completion of education Resident Bill of Rights			
Methods	Process measures	Target for process measure	Comments
Surge Learning education platform	Verification of completion by all staff	100% of all staff will have completed the education on Resident Bill of Rights by December 31, 2026.	

Change Idea #3 Continue to foster and strengthen a culture where residents feel safe, respected, and encouraged to express their opinions, ideas, and concerns.			
Methods	Process measures	Target for process measure	Comments
Asking Residents to be involved in new procedures or ideas along with feedback at Resident Council meetings.	Resident satisfaction survey results. Resident Council meeting feedback	Resident satisfaction survey scores high related to: Feeling heard, feeling valued, feeling safe to express opinions and increase in actionable ideas expressed by residents	

Measure - Dimension: Patient-centred

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Elimination of Nursing Staffing Agency Use by the end of 2026	C	Rate per 100 / Staff	In-home audit / Q1-Q4	CB	CB	Reducing and eventually eliminating agency staffing will lead to improved continuity of care, reduced cost, and increased resident satisfaction.	

Change Ideas

Change Idea #1	Accelerated hiring blitz to fill in all vacancies		
Methods	Process measures	Target for process measure	Comments
Posting of vacancies in the home and externally in community.	Number of vacant shifts will be filled	The home will no longer have vacant positions available by December 31, 2026.	

Change Idea #2	Float PSWs and Float Nurses to be pulled when sick calls occur. The bath PSW will be pulled to cover a sick call.		
Methods	Process measures	Target for process measure	Comments
Procedure memo for charge nurses to follow when staff are required to be replaced and where to assign staff accordingly.	No agency usage on the Daily Staffing sheet	Procedure memo already in place. By December 31, 2026, agency usage will be eliminated	

Change Idea #3	Assess the rationale and requirement if charge nurse contacts an agency during transition period aiming reduction/ elimination of staffing Agency Use.		
Methods	Process measures	Target for process measure	Comments
Leadership Team aware of the plan to aim a reduction/ elimination of staffing Agency Use. Charge Nurse having to contact the on-call manager if feels that agency is required. NASM to report to leadership team any calls made by the charge nurse that we may not have been made aware.	Vacant shifts will be filled by home's staff	Elimination of agency usage by of end of 2026.	

Safety

Measure - Dimension: Safe

Indicator #6	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	19.35	16.00	Based of home data, current performance is lower than indicated.	

Change Ideas

Change Idea #1 Review of incidence of falls to ensure current interventions are appropriate.

Methods	Process measures	Target for process measure	Comments
Falls and Post Fall Assessment reviewed at interdisciplinary meeting daily, weekly at Falls QI committee meeting and monthly QI meeting. Referral to clinical pharmacist to review drug interactions.	Resident Falls will be reviewed by the Interdisciplinary and Falls committee team exploring different factors such as physical, environnemental and pharmaceutical components.	100% all Resident Falls will be reviewed and reassessed for appropriate interventions to reduce incidence of falls.	

Change Idea #2 Resident identified as high risk for falls will have interventions in care plan to prevent incidents of falls

Methods	Process measures	Target for process measure	Comments
High risk for falls will have interventions in place to prevent falls and injuries related to falls	Fall prevention strategies will be listed in the care plan and team will be informed of the strategies to mitigate the risks of falls.	All residents identified at high risk for falls will have interventions and strategies listed in care plan.	

Measure - Dimension: Safe

Indicator #7	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	21.47	20.00	It promotes resident safety by reducing exposure to unnecessary antipsychotics.	

Change Ideas

Change Idea #1 Medication review to be completed q 3 months to determine if antipsychotics can be reduced.

Methods	Process measures	Target for process measure	Comments
Referrals to physician and clinical pharmacist medication review.	Decrease in the number of residents on antipsychotics without a diagnosis of psychosis over the by March 31, 2027.	Decrease in the use of residents on antipsychotics from our current status of 21.4% to 20.0% by March 31, 2027	

Change Idea #2 BSO involvement to assess and identify non-pharmacological approaches to reduced responsive behaviours.

Methods	Process measures	Target for process measure	Comments
BSO referrals will be completed	Use of antipsychotic medications will decrease by March 31, 2027.	Decrease of use of antipsychotics medication from 21.4 % to 20.0 % by March 31, 2027.	

Measure - Dimension: Safe

Indicator #8	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as reporting quarter for the rolling 4-quarter average	4.00	3.00	Reducing the worsening of pressure ulcers is essential because evidence□based practices such as regular repositioning, individualized nutrition support, and consistent preventive skin care—have been shown to significantly decrease progression and avoid preventable harm.	

Change Ideas

Change Idea #1 Skin tears, skin breakdown, wounds or pressure ulcers are reassessed at least weekly by an RN or their designate.

Methods	Process measures	Target for process measure	Comments
Documentation in Point Click Care	RN assessment and documentation in Point Click Care	Reduction of worsening of stage 2 to 4 by 1 % by December 31, 2026	

Change Idea #2 ADOC to oversee wound care program and worsening of pressure ulcers.

Methods	Process measures	Target for process measure	Comments
Evaluation of worsening of pressure ulcers weekly. Promote education on early identification and evidence based interventions.	Registered Staff to consult with ADOC and referral to a Enterostomal RN if required.	Pressure ulcers stage 2-4 to be reduced by 1 % by December 31, 2026	ADOC is enrolled and has begun SWAN course

Change Idea #3 Frequent repositioning of residents at risks of skin breakdown			
Methods	Process measures	Target for process measure	Comments
Staff to reposition every 2 hours, implementation of alternative pressure relief mattress for stage 3 and above, increase of supplementation of protein to aid healing.	RD referrals will be completed to add supplements to promote wound healing. Staff to document repositioning q 2 hours.	The home will have a reduction in worsening of pressure ulcers stage 2-4 from 4% -3.%.	

Measure - Dimension: Safe

Indicator #9	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of long-term care residents in daily physical restraints	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	4.23	3.50	Reduction of restraints by December 31, 2026	

Change Ideas

Change Idea #1 Review all restraints to assess if still required			
Methods	Process measures	Target for process measure	Comments
Quarterly review by Registered Staff and Quality Improvement Team	Restraints are last resort	Restraints to be eliminated if not longer needed.	

Access and Flow | Efficient | Optional Indicator

Indicator #6

Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents. (Garden Terrace)

Last Year		This Year		
11.38	**10.38**	**16.00**	**-40.60%**	**15**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Continue working at reducing ER visits for preventable visits

Process measure

- Audit the number or ER visits from previous years

Target for process measure

- 2 % reduction in the number of ED visits compared to previous years

Lessons Learned

Staff meeting with families related care and diagnostics imaging available in the home. Short Stay program - several residents unstable requiring hospital visits.

Comment

In partnership with the Ottawa Hospital NLOT program- education provided in Feb 2026 related to common issues and communication related to goals of care.

Equity | Equitable | Optional Indicator

Indicator #5

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Garden Terrace)

Last Year		This Year		
100.00	**100**	**100.00**	**0.00%**	**100**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Continue to have all staff members completing all education scheduled for 2025-2026 on EDI and anti-racism

Process measure

- Stats of number of coursed completed by all staff for EDI.

Target for process measure

- 100% completion by December 31, 2025.

Lessons Learned

100% of Staff members and management completed the training.

Change Idea #2 ☐ **Implemented** ☐ **Not Implemented** ☑ **In Progress**

EDI and anti-racism committee put in place

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Finding employees wanting to be involved in the new EDI and anti-racism committee.

Experience | Patient-centred | Custom Indicator

Indicator #8

The next resident experience survey will indicate an increase in satisfaction in food and nutrition services. (Garden Terrace)

Last Year		This Year		
82.00	**85**	**84.20**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

NCA to request feedback after a meal- every new menu cycle.

Process measure

- Communicate with residents after a meal and document feedback as a measure to improve future meals part of the menu cycle.

Target for process measure

- Home will see an increase in resident satisfaction by 3 % to reach overall 85%.

Lessons Learned

NCA and NCM requesting feedback on menu cycle and new items.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

NCM to request feedback at Resident Council meeting

Process measure

- NCM to document residents feedback

Target for process measure

- Home will see an increase with resident expressing satisfaction with meals to 85%.

Lessons Learned

NCA is attentive to the resident's feedback and ensure products are changed or recipes adjusted based on feedback.

Indicator #7

The home will score a minimum of 82% at the next Resident Experience Survey for the question: Rate the level of satisfaction to which your missing clothing or laundry concerns were addressed. (Garden Terrace)

Last Year		This Year		
72.00	**82**	**86.50**	**--**	**NA**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Process reviewed for labelling clothing

Process measure

- Number of missing clothing will decrease. Concerns form received for missing clothing will be decreased by 2%.

Target for process measure

- Home to have an increase of satisfaction to 82 % at the next survey

Lessons Learned

Done via newsletter. Continue to share information at admission regarding the importance of having items labelled

Change Idea #2 ☐ **Implemented** ☑ **Not Implemented** ☐ **In Progress**

For each calendar day of the month, PSW staff to complete closet clean-up to ensure all items are belonging to resident.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Home starting new process March 9, 2026.

Experience | Patient-centred | Optional Indicator

	Last Year		This Year		
Indicator #3	**92.94**	**99**	**96.08**	**3.38%**	**99**
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?" (Garden Terrace)	**Performance (2025/26)**	**Target (2025/26)**	**Performance (2026/27)**	**Percentage Improvement (2026/27)**	**Target (2026/27)**

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Work with residents to ensure they participate in the development of care plans for input to have their voices heard.

Process measure

- Resident Experience Survey

Target for process measure

- Home will see an increase of 1 % on the satisfaction compared to previous year 2024.

Lessons Learned

Encourage residents and families to attend Care Conference.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Communicate "open door policy" for residents and families to address any concerns.

Process measure

- Resident Satisfaction survey

Target for process measure

- 94% of Residents will express that staff are positively listening to their requests, needs and concerns.

Lessons Learned

Encourage resident and families to seek a member of the management team to address concerns

Comment

Continue to remind residents at Resident Council not to wait to get their concerns addressed.

Indicator #4

Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences". (Garden Terrace)

Last Year		This Year		
93.02	**100**	**93.04**	**0.02%**	**100**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Ensure that all staff are completing mandatory education on Resident's Bill of Rights

Process measure

- Verification of stats

Target for process measure

- 100% completion by all staff

Lessons Learned

100% staff completed education on Resident Bill of rights.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Communicate "open door policy" for residents and families to address any concerns.

Process measure

- Resident Experience Survey

Target for process measure

- Increase of resident able to express opinion without fear of consequences.

Lessons Learned

Continue to encourage Residents to seek a member of the management team to address all concerns they may have.

Comment

Continue to ensure the Resident Bill of Rights is at the center of care.

Safety | Safe | Optional Indicator

Indicator #1

Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Garden Terrace)

Last Year		This Year		
11.19	10	19.35	-72.92%	16
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Reg. Staff to complete referral to physiotherapist for balance and strengthen exercises.

Process measure

- Monthly and quarterly Quality improvement meeting. Falls prevention meetings.

Target for process measure

- Reduction in incidence of falls

Lessons Learned

Physiotherapist is receiving referrals for residents for balance and strengthening exercises.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Fall prevention committee to meet monthly to assess current interventions and add preventative interventions for frequent fallers and high-risk residents.

Process measure

- Quality improvement meeting

Target for process measure

- Reduce incidence of falls to remain below the provincial average.

Lessons Learned

Fall prevention committee occurs monthly and daily as needed.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Increased monitoring of high-risk fallers

Process measure

- Quality Improvement meeting and daily management team meeting.

Target for process measure

- Reduction in falls

Lessons Learned

Fall prevention committee occurs monthly and daily as needed.

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Root cause analysis of falls occurring in home to determine strategy to decrease incidence, risk, and severity of falls

Process measure

- The home will see a decrease in falls by 1 %.

Target for process measure

- Root cause analysis of falls occurring in home to determine strategy to decrease incidence, risk and severity of falls will be implemented by April 2025.

Lessons Learned

Occurs for all falls.

Comment

Home feels the number does not reflect the number of falls specifically in the last 6 months that was reviewed. Number is closer than 16 %

Indicator #2

Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Garden Terrace)

Last Year		This Year		
24.31	**22**	**21.47**	**11.68%**	**20**
Performance (2025/26)	Target (2025/26)	Performance (2026/27)	Percentage Improvement (2026/27)	Target (2026/27)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Utilization of BSO program and Behavioral Therapist from the ROH- increase of referrals

Process measure

- Monthly and Quarterly Quality improvement meetings. Quarterly Medication review from Care Rx pharmacist. Quarterly PAC meetings.

Target for process measure

- Increase the number of residents as part of the BSO program resulting in a reduction in antipsychotic medications.

Lessons Learned

BSO referral are being utilized.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Utilization of non-pharmacological interventions and evaluation of requirement needs of residents utilizing antipsychotic medications

Process measure

- CIHI reports, monthly and Quarterly Quality Improvement Reports, Care RX quarterly reports

Target for process measure

- Continue positive and successful approach to reduce the use of antipsychotic medications.

Lessons Learned

ROH decreases antipsychotic use once the resident is stable as the disease progressed with decrease of behaviors.

Change Idea #3 ☑ **Implemented** ☐ **Not Implemented** ☐ **In Progress**

Conduct interdisciplinary meeting to reassess the use of medications for residents on antipsychotic without diagnosis of psychosis

Process measure

- Quarterly medication review

Target for process measure

- 100 % of permanent residents on antipsychotic medications without a diagnosis will be reviewed

Lessons Learned

Discussion done during Quality Improvement meeting.